

No. 300  
10.48

STANDARD CERTIFICATE OF DEATH

State File No. **16498**

FILED APR 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1099

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>2 months</b>		d. STREET ADDRESS (If rural, give location) <b>5696 Kingsbury</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LACKLAND NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b>	b. (Middle) <b>MARY</b>	c. (Last) <b>AHRENS.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>OCTOBER 25 1862</b>	9. AGE (In years last birthday) <b>90</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI, Cape Girardeau</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI, Cape Girardeau</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>August GROSSENHEIDER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY URBAN</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN HENRY AHRENS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>TRENE OTTO - 7391 STRATFORD AVE</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Over 2 yrs.</b>
	ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis of coronary arteries</b>		<b>over 2 yrs.</b>
	DUE TO (c) <b>Generalized arteriosclerosis</b>		<b>over 2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>		<b>12 hrs.</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 14, 1951, to April 15, 1953, that I last saw the deceased alive on April 15, 1953, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James B. Jones</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>337 W. Lockwood Webster Grove 19, Mo.</b>	23c. DATE SIGNED <b>4-16-53</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 17/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. PETERS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>4-16-53</b>	REGISTRAR'S SIGNATURE <b>Hester K. D... - 1411</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

..... working under my personal supervision.

Student .....  
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.